



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>150309</u>		3. This Statement covers From: <u>7/21/08</u> to <u>8/25/08</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <u>CYNTHIA LUCZAK YOUR COUNTY CLERK</u>		4. Candidate Last Name <u>LUCZAK</u> First Name <u>CYNTHIA</u> M.I. <u>A</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>BAY COUNTY CLERK</u> 4b. County of Residence <u>BAY</u>	
5. Committee's Mailing Address <u>808 FROST</u> <u>BAY CITY, MI 48706</u> Area Code and Phone _____ <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <u>SAME</u> Area Code & Phone ( ) _____	
7. Treasurer's Business Address <u>SAME</u> Area Code and Phone ( ) _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone ( ) _____	

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>AUGUST 5, 2008</u> <small>Month Day Year</small>		9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ <small>Month Day Year</small> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<u>CYNTHIA A LUCZAK</u>	<u>Cynthia A Luczak</u>	Date	<u>9/4/2008</u>
	<small>Type or Print Name</small>	<small>Signature</small>	<small>Mo Day Year</small>	
Candidate	<u>CYNTHIA A LUCZAK</u>	<u>Cynthia A Luczak</u>	Date	<u>9/4/2008</u>
	<small>Type or Print Name</small>	<small>Signature</small>	<small>Mo Day Year</small>	

X



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

150309

2. Committee Name

Rural for County Clerk

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	50.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	50.00	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	2,400.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	2987.90	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	50.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	3037.90	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	3037.90 *	

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150309

2. Committee Name

Luzan for Co. Clerk

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt

7/18/08

Name:

PRCD1 Raffle Calendar 2008

Address:

P.O. Box 488, Petoskey, Mi.

5. If over \$100.00 cumulative, please provide:

49770

50.00

Occupation

Employer

Business Address

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3 of Summary  
Page.



DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150309

2. Committee Name Cynthia Luczak for County Clerk

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  
  
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

4. Type of Obligation  
(Indicate type and you may assign an expenditure code)  
5. Indicate date debt was incurred  
6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1  
Owed to or by: Corp? ☐ Yes  
Cynthia A. Luczak  
808 Frost Drive  
Bay City, Michigan 48706

4. Type: Loan  
Code LN  
5. Date Debt Was Incurred:  
6/30/2003  
6. Original Amount of Debt:  
\$ 500.00

/ / \$  
/ / \$  
/ / \$  
/ / \$  
/ / \$

\$ -0-

\$             
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #2  
Owed to or by: Corp? ☐ Yes  
Cynthia A. Luczak  
808 Frost Drive  
Bay City, Michigan 48706

4. Type: Loan  
Code LN  
5. Date Debt Was Incurred:  
8/1/2003  
6. Original Amount of Debt:  
\$ 200.00

/ / \$  
/ / \$  
/ / \$  
/ / \$  
/ / \$

Amount Endorsed: \$

\$ -0-

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #3  
Owed to or by: Corp? ☐ Yes  
Cynthia A. Luczak  
808 Frost Drive  
Bay City, Michigan 48706

4. Type: Loan  
Code LN  
5. Date Debt Was Incurred:  
8/8/2003  
6. Original Amount of Debt:  
\$ 200.00

/ / \$  
/ / \$  
/ / \$  
/ / \$  
/ / \$

Amount Endorsed: \$

\$ -0-

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

900.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**
1. Committee I.D. Number 1503092. Committee Name Cynthia A. Luczak for County Clerk

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Yes <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u> If bank loan, name of endorser or guarantor:	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-15-2003</u> 6. Original Amount of Debt <u>\$ 300.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	-0-	<input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: <input type="checkbox"/> Yes <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u> If bank loan, name of endorser or guarantor:	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-27-2003</u> 6. Original Amount of Debt <u>\$ 200.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	-0-	<input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: <input type="checkbox"/> Yes <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u> If bank loan, name of endorser or guarantor:	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>7-19-2006</u> 6. Original Amount of Debt <u>\$ 1,000.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>		<input type="checkbox"/> FORGIVEN
Amount Endorsed: \$				
Page Subtotal (Outstanding debt)				1,500.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				2,400.00

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this campaign Statement or it was forgiven during the period covered by this Campaign Statement.